



STATE OF TENNESSEE
THE TENNESSEE DEPARTMENT OF FINANCE AND ADMINISTRATION
PROVIDER PARTICIPATION AGREEMENT
MEDICAID/TENNCARE TITLE XIX PROGRAM

This statement includes the minimum standards to which the applicant must adhere to be enrolled in the Tennessee Medicaid health care program. Read these statements carefully.

By signing the Provider Participation Agreement, the applicant agrees to adhere to all the conditions listed and is aware that the applicant may be denied entry to or revoked from the program if any conditions are violated. The Provider Participation Agreement must contain an original signature.

- 1) I have read the contents of the application and information contained herein is true, correct, and complete. If I become aware that any information in this application is not true, correct, or complete, I agree to notify the Medicaid or other federal health care contractor of this fact immediately;
- 2) Agree to accept the Medicaid payment as payment in full;
- 3) To maintain in Tennessee or in the State in which I practice, medical licenses and/or certifications as required;
- 4) Currently not under a Federal Drug Enforcement Agency (DEA) restriction of prescribing and/or dispensing certification for scheduled drugs (relative to physicians, osteopaths, dentists and pharmacists);
- 5) Agree to maintain and provide access to Medicaid and/or its agency all Medicaid recipient medical records for five (5) years from the date of service or upon written authorization from Medicaid following an audit, whichever is shorter;
- 6) Provide medical assistance at or above recognized standards of practice; and
- 7) Comply with all contractual terms and Medicaid policies as outlined in Federal and State rules and regulations and Medicaid provider manuals and bulletins.
- 8) That failure to comply with any of the above provisions may subject a provider to actions described in Rule 1200-13-1.21.

Debarment and Suspension.

To the best of its knowledge and belief, the Contractor certifies by its signature to this Contract that the Contractor and its principals:

- A. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal or State department or Contractor;
- B. have not within a three (3) year period preceding this Contract been convicted of, or had a civil judgment rendered against them from commission of fraud, or a criminal offence in connection with obtaining, attempting to obtain, or performing a public (federal, State, or Local) transaction or grant under a public transaction; violation of federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property;
- C. are not presently indicted for or otherwise criminally or civilly charged by a government entity (federal, State, or Local) with commission of any of the offenses detailed in section b. of this certification; and
- D. have not within a three (3) year period preceding this Contract had one or more public transactions (federal, State, or Local) terminated for cause or default.

<u>Applicant name (printed)</u>	First	Middle	Last	Jr., Sr., etc.	M.D., D.O., etc
Applicant Signature (First, Middle, Last, Jr., Sr., M.D., D.O., etc)			Date	<u>Medicare Identification Number</u>	
<i>FOR GROUPS AND ORGANIZATIONS:</i>					
<u>Authorized Representative Name</u> (printed)	First	Middle	Last	Jr., Sr., etc.	M.D., D.O., etc
<u>Title/Position</u>	<u>Group Name</u>			<u>Medicare Identification Number</u>	
Applicant Signature (First, Middle, Last, Jr., Sr., M.D., D.O., etc)				Date	